

A. Form/Schedule : **F3XA**

Transaction ID :

This amendment responds to FEC letter dated 8/25/2010 and corrects 2 PAC-to-PAC receipt transactions that were incorrectly listed as campaign refunds, appearing in error on Schedule A-Line 16 in our original filing. The transactions now appear correctly on Schedule A-Line 11c as receipts from Federal PACs.

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Pharmaceutical Research & Manufacturers of America Better Government Committee

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		34109.63
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	30953.51									
(c) Total Receipts (from Line 19)	27530.08	50923.52								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	58483.59	85033.15								
7. Total Disbursements (from Line 31)	19060.24	45609.80								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	39423.35	39423.35								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

Pharmaceutical Research & Manufacturers of America Better Government Committee

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	17038.92	33929.69
(ii) Unitemized	491.16	1993.83
(iii) TOTAL (add Lines 11(a)(i) and (ii)	17530.08	35923.52
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	10000.00	15000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	27530.08	50923.52
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	27530.08	50923.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	27530.08	50923.52

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19000.00	45500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	60.24	109.80
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	19060.24	45609.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19060.24	45609.80

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	27530.08	50923.52
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27530.08	50923.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 25
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Pharmaceutical Research & Manufacturers of America Better Government Committee

A.

Full Name (Last, First, Middle Initial) Pfizer PAC		Date of Receipt
Mailing Address 325 7th Street, NW		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
City	State	Zip Code
Washington	DC	20004
FEC ID number of contributing federal political committee.		Transaction ID: 34978626
<input type="text" value="C"/> C00016683		Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Amgen PAC		Date of Receipt
Mailing Address One Amgen Center Drive		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
City	State	Zip Code
Thousand Oaks	CA	91320
FEC ID number of contributing federal political committee.		Transaction ID: 34978627
<input type="text" value="C"/> C00251876		Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="10000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="10000.00"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 25
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Pharmaceutical Research & Manufacturers of America Better Government Committee

A.

Full Name (Last, First, Middle Initial)
Daniel Durham

Mailing Address 950 F Street, NW

City Washington State DC Zip Code 20004-1438

FEC ID number of contributing federal political committee. **C**

Name of Employer PhRMA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 06 / 30 / 2010

Transaction ID: PR1100334619704

Amount of Each Receipt this Period 624.00

P/R Deduction (\$104.00 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)
Hallie Maranchick

Mailing Address 950 F Street, NW

City Washington State DC Zip Code 20004-1404

FEC ID number of contributing federal political committee. **C**

Name of Employer PhRMA Occupation Sr. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1299.96

Date of Receipt 06 / 30 / 2010

Transaction ID: PR1275760019704

Amount of Each Receipt this Period 649.98

P/R Deduction (\$108.33 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)
Alan Goldhammer

Mailing Address 950 F Street, NW Suite 300

City Washington State DC Zip Code 20004-1404

FEC ID number of contributing federal political committee. **C**

Name of Employer PhRMA Occupation Associate VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt 06 / 30 / 2010

Transaction ID: PR1338083319704

Amount of Each Receipt this Period 390.00

P/R Deduction (\$65.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 1663.98

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 25
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Pharmaceutical Research & Manufacturers of America Better Government Committee

A.

Full Name (Last, First, Middle Initial)
Sharon Marshall

Mailing Address 950 F Street, NW
Suite 300

City Washington State DC Zip Code 20004-1404

FEC ID number of contributing federal political committee. **C**

Name of Employer PhRMA Occupation Board Materials Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 299.04

Date of Receipt 06 / 30 / 2010
Transaction ID: PR1338083619704

Amount of Each Receipt this Period 149.52

P/R Deduction (\$24.92 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)
Tara Ryan

Mailing Address 950 F Street, NW
Suite 300

City Washington State DC Zip Code 20004-1404

FEC ID number of contributing federal political committee. **C**

Name of Employer PhRMA Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 519.96

Date of Receipt 06 / 30 / 2010
Transaction ID: PR1338084319704

Amount of Each Receipt this Period 259.98

P/R Deduction (\$43.33 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)
Christopher Singer

Mailing Address 950 F Street, NW
Suite 300

City Washington State DC Zip Code 20004-1404

FEC ID number of contributing federal political committee. **C**

Name of Employer PhRMA Occupation Exec VP & COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 06 / 30 / 2010
Transaction ID: PR1338084519704

Amount of Each Receipt this Period 1248.00

P/R Deduction (\$208.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 1657.50

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Pharmaceutical Research & Manufacturers of America Better Government Committee

A.	Full Name (Last, First, Middle Initial) Kevin Walker		Date of Receipt
	Mailing Address 950 F Street, NW Suite 300		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20004-1404
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1338084619704
Name of Employer PhRMA		Occupation VP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>
		<input type="text" value="1390.00"/>	P/R Deduction (\$208.00 Semi-Monthly)

B.	Full Name (Last, First, Middle Initial) Jennifer Page		Date of Receipt
	Mailing Address 950 F Street, NW Suite 300		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20004-1404
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1338085619704
Name of Employer PhRMA		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="325.02"/>
		<input type="text" value="650.04"/>	P/R Deduction (\$54.17 Semi-Monthly)

C.	Full Name (Last, First, Middle Initial) Clement Cypra		Date of Receipt
	Mailing Address 950 F Street, NW Suite 300		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20004-1404
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1342353719704
Name of Employer PhRMA		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="298.98"/>
		<input type="text" value="597.96"/>	P/R Deduction (\$49.83 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="924.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 25
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Pharmaceutical Research & Manufacturers of America Better Government Committee

A.	Full Name (Last, First, Middle Initial) Erin Ravelette		Date of Receipt
	Mailing Address 950 F Street, NW Suite 300		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2010
	City	State	Zip Code
	Washington	DC	20004-1404
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1360289019704
Name of Employer PhRMA		Occupation Sr. Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 299.04	149.52
			P/R Deduction (\$24.92 Semi-Monthly)

B.	Full Name (Last, First, Middle Initial) Matthew Sulkala		Date of Receipt
	Mailing Address 950 F Street, NW Suite 300		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2010
	City	State	Zip Code
	Washington	DC	20004-1404
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1387142419704
Name of Employer PhRMA		Occupation Sr. Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00	600.00
			P/R Deduction (\$100.00 Semi-Monthly)

C.	Full Name (Last, First, Middle Initial) Thomas Hardaway		Date of Receipt
	Mailing Address 950 F Street, NW Suite 300		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2010
	City	State	Zip Code
	Washington	DC	20004-1404
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1407527619704
Name of Employer PhRMA		Occupation Regional Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	150.00
			P/R Deduction (\$25.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	899.52
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 25
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Pharmaceutical Research & Manufacturers of America Better Government Committee

A.

Full Name (Last, First, Middle Initial) Valerie Jewett		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
Mailing Address 950 F Street, NW Suite 300		Transaction ID: PR1416900919704
City Washington	State Zip Code DC 20004-1438	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 423.48
Name of Employer PhRMA	Occupation Director	P/R Deduction (\$70.58 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 846.96	

B.

Full Name (Last, First, Middle Initial) Michael Woody		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
Mailing Address 950 F Street, NW Suite 300		Transaction ID: PR1485193019704
City Washington	State Zip Code DC 20004-1438	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer PhRMA	Occupation Director, Federal Affairs	P/R Deduction (\$50.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.

Full Name (Last, First, Middle Initial) Jeff Woodhouse		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
Mailing Address 950 F Street, NW		Transaction ID: PR1521550919704
City Washington	State Zip Code DC 20004-1438	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer PhRMA	Occupation Regional Director	P/R Deduction (\$50.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	1023.48
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Pharmaceutical Research & Manufacturers of America Better Government Committee

A.	Full Name (Last, First, Middle Initial) Jennifer Swenson		Date of Receipt
	Mailing Address 950 F Street, NW		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20004-1438
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1666764819704
Name of Employer PhRMA		Occupation Sr. Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1248.00"/>	<input type="text" value="624.00"/>
			P/R Deduction (\$104.00 Semi-Monthly)

B.	Full Name (Last, First, Middle Initial) Dave Boyer		Date of Receipt
	Mailing Address 950 F Street, NW		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20004-1438
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1668002919704
Name of Employer PhRMA		Occupation Sr. Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1248.00"/>	<input type="text" value="624.00"/>
			P/R Deduction (\$104.00 Semi-Monthly)

C.	Full Name (Last, First, Middle Initial) Lea Fisher		Date of Receipt
	Mailing Address 950 F Street, NW		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20004-1438
	FEC ID number of contributing federal political committee. C		Transaction ID: PR1698847619704
Name of Employer PhRMA		Occupation Director, Federal Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="900.00"/>	<input type="text" value="450.00"/>
			P/R Deduction (\$75.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1698.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 25
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
Pharmaceutical Research & Manufacturers of America Better Government Committee

A.

Full Name (Last, First, Middle Initial)
Sandra J. Dickerson

Mailing Address 950 F Street, NW

City Washington State DC Zip Code 20004-1438

FEC ID number of contributing federal political committee. **C**

Name of Employer PhRMA Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2010

Transaction ID: PR1727896219704

Amount of Each Receipt this Period 150.00

P/R Deduction (\$25.00 Semi-Monthly)

B.

Full Name (Last, First, Middle Initial)
Jeffrey A. Bond

Mailing Address 950 F Street, NW

City Washington State DC Zip Code 20004-1438

FEC ID number of contributing federal political committee. **C**

Name of Employer PhRMA Occupation SVP, State Govt Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 30 / 2010

Transaction ID: PR1759644919704

Amount of Each Receipt this Period 450.00

P/R Deduction (\$75.00 Semi-Monthly)

C.

Full Name (Last, First, Middle Initial)
Anne Holmes

Mailing Address 950 F Street, NW

City Washington State DC Zip Code 20004-1438

FEC ID number of contributing federal political committee. **C**

Name of Employer PhRMA Occupation Sr. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 577.08

Date of Receipt 06 / 30 / 2010

Transaction ID: PR180533619704

Amount of Each Receipt this Period 300.00

P/R Deduction (\$50.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► **900.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Pharmaceutical Research & Manufacturers of America Better Government Committee

A.	Full Name (Last, First, Middle Initial) Merrill Jacobs	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 950 F Street, NW	Transaction ID: PR180533819704
	City State Zip Code Washington DC 20004-1438	Amount of Each Receipt this Period 649.98
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$108.33 Se-mi-Monthly)
Name of Employer PHRMA	Occupation Regional Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1299.96	

B.	Full Name (Last, First, Middle Initial) Hugh Metheny	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 950 F Street, NW	Transaction ID: PR180534619704
	City State Zip Code Washington DC 20004-1438	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$125.00 Se-mi-Monthly)
Name of Employer PHRMA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

C.	Full Name (Last, First, Middle Initial) Mr. Thomas Moore	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 950 F Street, NW	Transaction ID: PR180534819704
	City State Zip Code Washington DC 20004-1438	Amount of Each Receipt this Period 1249.50
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$208.25 Bi-Weekly)
Name of Employer PHRMA	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.00	

SUBTOTAL of Receipts This Page (optional)	2649.48
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Pharmaceutical Research & Manufacturers of America Better Government Committee

A. Full Name (Last, First, Middle Initial)
John O'Connor
Mailing Address 950 F Street, NW
City Washington State DC Zip Code 20004-1438
FEC ID number of contributing federal political committee. **C**
Name of Employer PHRMA Occupation Regional Director
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 299.88
Date of Receipt 06 / 30 / 2010
Transaction ID: PR180535019704
Amount of Each Receipt this Period 149.94
P/R Deduction (\$24.99 Semi-Monthly)

B. Full Name (Last, First, Middle Initial)
Richard Smith
Mailing Address 950 F Street, NW
City Washington State DC Zip Code 20004-1438
FEC ID number of contributing federal political committee. **C**
Name of Employer PHRMA Occupation Director
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1248.00
Date of Receipt 06 / 30 / 2010
Transaction ID: PR180535919704
Amount of Each Receipt this Period 624.00
P/R Deduction (\$104.00 Semi-Monthly)

C. Full Name (Last, First, Middle Initial)
Edward Belkin
Mailing Address 950 F Street, N.W.
City Washington State DC Zip Code 20004-1404
FEC ID number of contributing federal political committee. **C**
Name of Employer PhRMA Occupation Director
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.04
Date of Receipt 06 / 30 / 2010
Transaction ID: PR267310219704
Amount of Each Receipt this Period 250.02
P/R Deduction (\$41.67 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional) ► 1023.96
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Pharmaceutical Research & Manufacturers of America Better Government Committee

A.	Full Name (Last, First, Middle Initial) Bryant Hall		Date of Receipt
	Mailing Address 950 F Street, N.W.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2010
	City	State	Zip Code
	Washington	DC	20004-1404
	FEC ID number of contributing federal political committee. C		Transaction ID: PR377480519704
Name of Employer PhRMA		Occupation Sr. Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2499.00	1249.50
			P/R Deduction (\$208.25 Semi-Monthly)

B.	Full Name (Last, First, Middle Initial) Robert Filippone		Date of Receipt
	Mailing Address 950 F Street, NW		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2010
	City	State	Zip Code
	Washington	DC	20004-1404
	FEC ID number of contributing federal political committee. C		Transaction ID: PR533051119704
Name of Employer PhRMA		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1025.04	512.52
			P/R Deduction (\$85.42 Semi-Monthly)

C.	Full Name (Last, First, Middle Initial) Steven Tilton		Date of Receipt
	Mailing Address 950 F Street, NW		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2010
	City	State	Zip Code
	Washington	DC	20004-1404
	FEC ID number of contributing federal political committee. C		Transaction ID: PR533051519704
Name of Employer PhRMA		Occupation Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2482.75	1249.50
			P/R Deduction (\$208.25 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	3011.52
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Pharmaceutical Research & Manufacturers of America Better Government Committee

A.	Full Name (Last, First, Middle Initial) Heather Keiser Strawn		Date of Receipt
	Mailing Address 950 F Street, NW		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20004-1404
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: PR737804919704
Name of Employer PhRMA		Occupation Sr. Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="450.00"/>
		<input type="text" value="900.00"/>	P/R Deduction (\$75.00 Semi-Monthly)

B.	Full Name (Last, First, Middle Initial) Brian Nagle		Date of Receipt
	Mailing Address 950 F Street, NW		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20004-1404
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: PR743030019704
Name of Employer PhRMA		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="649.98"/>
		<input type="text" value="1299.96"/>	P/R Deduction (\$108.33 Semi-Monthly)

C.	Full Name (Last, First, Middle Initial) Lori Reilly		Date of Receipt
	Mailing Address 950 F Street, NW		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20004-1404
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: PR917374919704
Name of Employer PhRMA		Occupation Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="487.50"/>
		<input type="text" value="975.00"/>	P/R Deduction (\$81.25 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1587.48"/>
TOTAL This Period (last page this line number only)	<input type="text" value="17038.92"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

A.	Full Name (Last, First, Middle Initial) Levin For Congress	Transaction ID: 35636940 Date of Disbursement 06 / 18 / 2010
	Mailing Address 209 Pennsylvania Ave., SE	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Sander Levin	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Berman For Congress	Transaction ID: 35637028 Date of Disbursement 06 / 18 / 2010
	Mailing Address 6380 Wilshire Blvd. #1612	Amount of Each Disbursement this Period 1000.00
	City Los Angeles State CA Zip Code 90048	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Howard L. Berman	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 28	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Price For Congress Committee	Transaction ID: 35637062 Date of Disbursement 06 / 18 / 2010
	Mailing Address P. O. Box 1986	Amount of Each Disbursement this Period 500.00
	City Raleigh State NC Zip Code 27602	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. David E. Price	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

A.	Full Name (Last, First, Middle Initial) Citizens For Altmire Mailing Address P.O. Box 1776 City Freedom State PA Zip Code 15042 Purpose of Disbursement Candidate Name Rep. Jason Altmire Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35637089 Date of Disbursement 06 / 18 / 2010 Amount of Each Disbursement this Period 500.00 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Harvest PAC Mailing Address 236 Massachusetts Ave., NE #603 City Washington State DC Zip Code 20002 Purpose of Disbursement Federal Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35637149 Date of Disbursement 06 / 18 / 2010 Amount of Each Disbursement this Period 1000.00 011 Category/ Type Federal Contribution
C.	Full Name (Last, First, Middle Initial) Anna Eshoo For Congress Mailing Address 555 Capitol Mall, Suite 1425 City Sacramento State CA Zip Code 95814 Purpose of Disbursement Candidate Name Rep. Anna G. Eshoo Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35637194 Date of Disbursement 06 / 18 / 2010 Amount of Each Disbursement this Period 1000.00 011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) John D. Dingell For Congress</p> <p>Mailing Address 607 14th Street, Nw Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/ Type</p> <p>Candidate Name Rep. John D. Dingell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MI District: 15</p>	<p>Transaction ID: 35637270</p> <p>Date of Disbursement 06 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Latham For Congress</p> <p>Mailing Address P.O. Box 71 PO Box 71</p> <p>City Clarion State IA Zip Code 50525</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/ Type</p> <p>Candidate Name Rep. Thomas P. Latham</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IA District: 04</p>	<p>Transaction ID: 35637307</p> <p>Date of Disbursement 06 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Friends Of John Boehner</p> <p>Mailing Address 7908 Cincinnati Dayton Road Suite I</p> <p>City West Chester State OH Zip Code 45069</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/ Type</p> <p>Candidate Name Rep. John A. Boehner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 08</p>	<p>Transaction ID: 35637330</p> <p>Date of Disbursement 06 / 18 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

A.	Full Name (Last, First, Middle Initial) John Sullivan For Congress Inc	Transaction ID: 35637380 Date of Disbursement 06 / 18 / 2010
	Mailing Address Post Office Box 470840	Amount of Each Disbursement this Period 1000.00
	City Tulsa State OK Zip Code 74147	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. John Sullivan	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of Dick Durbin Committee	Transaction ID: 35637429 Date of Disbursement 06 / 18 / 2010
	Mailing Address 200 East Jefferson Street	Amount of Each Disbursement this Period 1000.00
	City Falls Church State VA Zip Code 22046	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Richard Durbin	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mikulski For Senate Committee	Transaction ID: 35637497 Date of Disbursement 06 / 18 / 2010
	Mailing Address P O B 13147	Amount of Each Disbursement this Period 1000.00
	City Baltimore State MD Zip Code 21203	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Barbara A. Mikulski	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

A.	Full Name (Last, First, Middle Initial) Gillibrand For Senate	Transaction ID: 35637548 Date of Disbursement 06 / 18 / 2010
	Mailing Address 313 C Street Ne	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Kirsten Gillibrand	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) People For Patty Murray	Transaction ID: 35637738 Date of Disbursement 06 / 18 / 2010
	Mailing Address PO Box 3662	Amount of Each Disbursement this Period 500.00
	City Seattle State WA Zip Code 98124	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Sen. Patty Murray	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) People For Patty Murray	Transaction ID: 35637773 Date of Disbursement 06 / 18 / 2010
	Mailing Address PO Box 3662	Amount of Each Disbursement this Period 500.00
	City Seattle State WA Zip Code 98124	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Sen. Patty Murray	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

A.	Full Name (Last, First, Middle Initial) Richard Burr Committee	Transaction ID: 35637840 Date of Disbursement 06 / 18 / 2010
	Mailing Address P.O. Box 5928	Amount of Each Disbursement this Period 2000.00
	City Winston-Salem State NC Zip Code 27113	
	Purpose of Disbursement Candidate Name Rep. Richard Burr Category/Type 011	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:	

B.	Full Name (Last, First, Middle Initial) Charlie Melancon Campaign Committee Inc	Transaction ID: 35637877 Date of Disbursement 06 / 18 / 2010
	Mailing Address PO Box 549	Amount of Each Disbursement this Period 1000.00
	City Napoleonville State LA Zip Code 70390	
	Purpose of Disbursement Candidate Name Rep. Charles J. Melancon Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 03	

C.	Full Name (Last, First, Middle Initial) Senate Majority Fund	Transaction ID: 35637941 Date of Disbursement 06 / 18 / 2010
	Mailing Address 507 Capitol Court, NE Suite 100	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Federal Contribution Candidate Name Category/Type 011	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Federal Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 / 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Pharmaceutical Research & Manufacturers of America Better Government Committee

A.

Full Name (Last, First, Middle Initial)
Pat Roberts Victory Committee

Mailing Address 610 S. Boulevard Street

City Tampa State FL Zip Code 33606

Purpose of Disbursement
Joint Fundraising Committee contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For: Primary General
 Other (specify) ▼

Transaction ID: 35637981

Date of Disbursement

06 / 18 / 2010

Amount of Each Disbursement this Period

2000.00

Joint Fundraising Committ-
ee contribution

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

1900.00